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***NJDHSS Communicable Disease Service Weekly
Statewide Influenza Activity Summary***

Week Ending October 21, 2005

Influenza level of activity: "NO ACTIVITY"

Influenza testing performed in New Jersey by:

- ◆ The Public Health and Environmental Laboratories (PHEL)*
- ◆ The WHO and NREVSS (National Respiratory and Enteric Virus Surveillance System)* Laboratories from September 20, 2005 to present:
 - Number of influenza A culture confirmed cases: None
 - Number of influenza B culture confirmed cases: One

This is the fourth week of the 2005-06 influenza season in New Jersey. The NJDHSS Communicable Disease Service has not been notified of any influenza outbreak or increased activity in any health care facilities, nursing homes or schools throughout the state. Last week one of the two laboratories mentioned above reported the first culture positive influenza case of the season. The specimen was sent to the CDC for further testing and antigenic typing.

Rates of influenza-like illness (ILI) from nursing homes and emergency department visits are 1.16% and 3.36% respectively while the rate for school absenteeism is 4.08%.

Hospital laboratory surveillance for respiratory syncytial virus (often clinically indistinguishable from influenza virus infection) showed only a few positives. The monthly RSV summary will be updated at the end of the month.

A few of the county percentage parameters showed figures well above the total average (see 18Oct05 pdf Table) but should not be interpreted as an increased level of activity since the denominator of reporting entities is very small.

Based on the data collected from the entire ILI Surveillance System, the level of influenza activity in the state of New Jersey is at a "NO ACTIVITY" level this week. This level of activity is comparable with the same period last season.

NJDHSS will continue to assess the burden of severe illness and deaths among the pediatric population in New Jersey for the 2005-2006 flu season and reminds hospitals and health care providers to report cases to the NJDHSS Communicable Disease Service at 609-588-7500.

An influenza-associated death is defined for surveillance purposes as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test. There should be no period of complete recovery between the illness and death. Influenza-associated deaths in all persons aged <18 years should be reported

The Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee has recommended that the 2005-06 trivalent influenza vaccine (TIV) for the United States contain:

- A/New Caledonia/20/99-like (H1N1),
- A/California/7/2004-like (H3N2), and
- B/Shanghai/361/2002-like viruses.

This recommendation was based on antigenic analyses of recently isolated influenza viruses, epidemiological data, and post-vaccination serologic studies in humans. Also as a result of the uncertainties regarding production of influenza vaccine, the exact number of available doses and timing of vaccine distribution for the 2005-06 influenza season remains unknown. At this point with the release of approved vaccine lots from all four manufacturers, vaccine shortages are not anticipated.

Based on CDC's September 2, 2005 MMWR, only the following priority groups are recommended to receive TIV between now and October 24, 2005:

- Persons aged ≥ 65 years with comorbid conditions
- Residents of long-term-care facilities
- Persons aged 2-64 years with comorbid conditions
- Persons aged ≥ 65 years without comorbid conditions
- Children aged 6-23 months
- Pregnant women
- Health-care personnel who provide direct patient care (EMS staff are included in this category, police and fire staff are not)
- Household contacts and out-of-home caregivers of children aged <6 months.

After October 24, persons not listed in the above priority groups may be vaccinated.

The DHSS website listing the local health department and other flu clinics is now operational and is available at <http://www.nj.gov/health/flu/>. The public can get information on where flu shots are being given from the website.

Influenza virus infection itself is not a clinical or laboratory reportable disease in New Jersey according to N.J.A.C. 8:57. Accordingly, activity levels must be

extrapolated from weekly monitoring activities of healthcare facilities and providers dispersed around the state.

The spread of H5N1 avian influenza (“bird flu”) to poultry in new areas is of concern as it increases opportunities for further human cases to occur. However, all evidence to date indicates that the H5N1 virus does not spread easily from birds to infect humans. WHO advises countries experiencing outbreaks in poultry to follow certain precautions, particularly during culling operations, and to monitor persons with a possible exposure history for fever or respiratory symptoms. The early symptoms of H5N1 infection mimic those of many other common respiratory illnesses, meaning that false alarms are likely.

In Romania, investigations of recent poultry deaths have, to date, identified the H5 subtype of avian influenza virus. Further testing is under way to determine the strain and whether the virus is highly pathogenic. For more information go to <http://www.who.int/csr/disease/influenza/en/>

Meanwhile the NJDHSS Communicable Disease Service currently advises that travelers to countries in Asia with known outbreaks of influenza A (H5N1) should avoid poultry farms, contact with animals in live food markets, and any surfaces that appear to be contaminated with feces from poultry or other animal.

All healthcare providers in the state of New Jersey should strictly implement the universal respiratory infection precautions when attending to suspected cases, and report all suspected cases to the NJDHSS Communicable Disease Service.

*The laboratories conduct testing of pre-season isolates and the first isolates of the season. These isolates can provide information regarding circulating strains and information necessary for the vaccine formulation for the following year’s flu season. Also test results from representative samples collected during peak influenza activity, late in the season, and after a major influenza outbreak, may identify new variants that are just beginning to circulate in the community, helping to inform vaccine formulations for the following year.

References and Resources:

- <http://www.nj.gov/health/flu/preventflu.shtml>
- <http://www.cdc.gov/flu/>
- <http://www.who.int/csr/disease/influenza/en/>
- <http://www.cdc.gov/mmwr/>